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**FACSIMILE TRANSMISSION COVER SHEET**

Date: November 14, 2005

To: United States Patent and Trademark Office  
Examiner: Graybill, David E.; Art Unit: 2822

Fax: 571-273-8300

Re: **Application Serial No.: 10/712,067**  
Filing Date: 11/13/2003; First Named Inventor: Kar-Roy  
Attorney Docket No.: 0150114D

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 16

Message:

Enclosed please find an Amendment and Response to the Non-Final Office Action dated August 11, 2005.

Thank you.

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Attorney Docket No.: 0150114D

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Kar-Roy, et al.SERIAL NO.: 10/712,067 FILED: November 13, 2003FOR: Method for Fabricating a High Density Composite MIM Capacitor with Reduced Voltage Dependence in Semiconductor DiesHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	9	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	1	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- \* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.  
 \*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

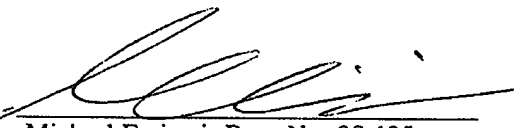
Attorney Docket No.: 0150114D

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

11/14/05

By:

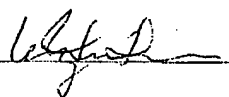
  
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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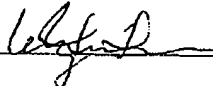
  
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Semiconductor Dies**

Art Unit: 2822

Examiner: Graybill, David E.

**AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION**

Commissioner for Patents  
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Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated August 11, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.